

8971

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021336

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5354

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED MAY 27 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Lutheran Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5742 Tholozan

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

HERMAN

Middle

T.

Last

BOLLE

4. DATE OF DEATH

Month

May

Day

16,

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

8-8-1891

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Register Pharmacist

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired 6 years

## 11. BIRTHPLACE (City and state or country)

St. Genevieve, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Thomas Bolle

## 13b. MOTHER'S MAIDEN NAME

Theresa Wehner

## 14. NAME OF HUSBAND OR WIFE

Late Minnie Bolle

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of serv

No.

None

## 17. INFORMANT

Address

Arlene Albert 10133 Tulane Dr.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arterioventricular heart disease

## INTERVAL BETWEEN ONSET AND DEATH

16 yrs

## DUE TO (b)

Emphysema

## DUE TO (c)

420-0

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Oct 1949

to

May 16/63

and last saw him alive on 5/14/63

Death occurred at

2:45 p

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Ralph Berg MD

## 22b. ADDRESS

3203 S Grand

## 22c. DATE SIGNED

5/18/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

5/20/63

## 23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

## 25. DATE RECD. BY LOCAL REG.

MAY 20 1963

## 26. REGISTRAR'S SIGNATURE

Ralph Smith. M.D.

Dr. Ralph Berg 3203 S. Grand Pr. 3-78-57

Sat. 11:30 AM to 3:30 PM

4704 Newpark

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed R. W. Stovessand

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.